



**OFFICE OF FINANCIAL AID**

120 East 149<sup>th</sup> Street  
Savoy Building RM B-115  
Bronx, New York 10451  
(718) 518-6555

**STATEMENT OF STUDENT WHO'S LOAN HAS BEEN CANCELLED  
BECAUSE OF TOTAL AND PERMANENT DISABILITY**

(This statement is not required of students applying only for a student financial aid grant or for federal work-study. It is required of students who wish to apply for a new Student Financial Aid Loan)

**Student's Last Name:** \_\_\_\_\_

**Student's First Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Empl ID:** \_\_\_\_\_

**I understand that any new Student Financial Aid Loans that I may receive cannot be cancelled on the basis of any present impairment unless my condition substantially deteriorates to the extent that I am totally and permanently disabled. Total and permanent disability is the inability to work and earn money or to attend school because of an impairment that is expected to continue indefinitely or to result in death.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**